

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS305AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/04/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOTHER'S BEST CARE FOR ELDERLY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 S 8TH STREET LAS VEGAS, NV 89104</b>		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 9/4/09. The facility received an annual survey grade of B. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 9 residents. Nine resident files were reviewed and 3 employee files were reviewed. There was 1 discharge file reviewed.</p> <p>There were no complaints investigated.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 175 SS=F	<p>449.209(4)(b) Health and Sanitation-Hazards</p> <p>NAC 449.209</p> <p>4. To the extent practicable, the premises of the facility must be kept free from:</p> <p>(b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the premises were well maintained and kept free</p>	Y 175		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 175	<p>Continued From page 1</p> <p>from hazards outside of the facility.</p> <p>Findings include:</p> <p>On the morning of 9/4//09, there were tires, a shower chair and a portable commode blocking the sliding glass door off of Bedroom #3. These items created a potential hazard for residents to exit in case of an emergency. Bedroom #3 was occupied by 2 of 9 residents.</p> <p>The patio area located in the facility's backyard was described by Employee #1, as the designated smoking area for residents. On the afternoon of 9/4/09 there were several ropes tied from one end of the patio area to the other. Employee #1 stated, that the ropes were used as a clothesline, to air dry clothing. Some of the ropes hung approximately 5 feet 2 inches from the ground. The make-shift clothesline created a potential hazard for residents to walk across the patio area, without running into the ropes.</p> <p>On 9/4/09, the north side of the patio area, in the backyard, was cluttered with stacked clothing, toys and other miscellaneous items.</p> <p>Repeat deficiency from survey state licensure survey dated 11/5/08.</p> <p>Severity: 2                      Scope: 3</p>	Y 175			
Y 434 SS=D	<p>449.229(3) Emergency Drills</p> <p>NAC 449.229</p> <p>3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.</p>	Y 434			

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Y 434	Continued From page 2  This Regulation is not met as evidenced by: Based on record review on 9/4/09, the facility failed to ensure that monthly evacuation drills were conducted on an irregular schedule for the past 1 of 9 months (August of 2009).  Severity: 2 Scope: 1	Y 434		
Y 444 SS=F	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on record review on 9/4/09, the facility failed to ensure smoke detectors were tested 1 out of the past 9 months (August of 2009). The facility also failed to ensure all smoke detectors were maintained in operating condition at all times.  Findings include:  The facility lacked documented evidence of smoke detector test for the month of August 2009.  On 9/4/09 in the afternoon, 1 of 2 smoke detectors adjacent to Bathroom #2 emitted a chirping noise after testing. Employee #1 stated that the smoke detector needed a battery	Y 444		

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Y 444	Continued From page 3  replacement. Employee #1 replaced the battery during the survey and the chirping noise ceased.  This was a repeat deficiency from the 11/5/08 State Licensure survey.  Severity: 2      Scope: 3	Y 444		
Y 451 SS=E	449.231(2)(a)-(f) First Aid Kit  NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person.  This Regulation is not met as evidenced by: Based on observation on 9/4/09, the facility failed to ensure the first-aid kit contained a cardiopulmonary resuscitation (CPR) mask or shield and a thermometer or device that may be used to determine the bodily temperature of a person.	Y 451		

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Y 451	Continued From page 4  Severity: 2      Scope: 2	Y 451		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Based on record review on 9/4/09, the facility failed to ensure that 1 of 9 residents received a pre-admission physical (Resident #8).  Severity: 2      Scope: 1	Y 859		
Y 908 SS=B	449.2746(2)(a)-(f) PRN Medication Record  NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered;	Y 908		

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Y 908	<p>Continued From page 5</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/4/09, the facility did not ensure the medication record was complete for 3 of 9 residents receiving as needed (PRN) medications (Resident #4 , #5 and #6).</p> <p>Findings include:</p> <p>The facility lacked documented evidence of a PRN (as needed) medication record or any mechanism for documenting as needed medications.</p> <p>Employee #1 stated that the facility does not have a medication record to document as need (PRN) medications.</p> <p>Severity: 1      Scope: 2</p>	Y 908			

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